

:: NATIONAL RESPONSE CENTER ::

:: FIXED REPORT (PDF) ::

The PDF Report should not be submitted to the NRC via fax or mail. They were created for use in Training and/or Response Plans, or as a guide when contacting the NRC.

Please file reports via our toll-free number (800-424-8802) or by submitting an [ONLINE REPORT](#).

Fields displayed in RED are mandatory entries. Please fill out the form as completely as possible.			
Is this a DRILL Report ? YES NO		E-Mail Address:	
REPORTING PARTY		SUSPECTED RESPONSIBLE PARTY	
Phone 1: Type:		Last Name:	
Last Name:		First Name:	
First Name:		Phone 1: Type:	
Phone 2: Type:		Phone 2: Type:	
Phone 3: Type:		Phone 3: Type:	
Company:		Company:	
Org Type:		Org Type:	
Address:		Address:	
City:		City:	
State:		State:	
ZIP:		ZIP:	
Are you calling on behalf of responsible party:		Yes No	
Are you or your company responsible for Material released:		Yes No	
INCIDENT DESCRIPTION			
Description of Incident:			

Incident Date:										Time:		Occurred/Discovered/Planned:											
Type of Incident: <i>FIXED</i>										Incident Cause:													
Package:										Yes		No											
INCIDENT LOCATION																							
Location Description:																							
Address Location:										State:													
										County:													
										ZIP:													
Nearest City:						Distance from Nearest City:						Units:											
Direction:						Range:				Section:				Township:									
Latitude:		Degrees:		Minutes:		Seconds:		Quadrant:															
Longitude:		Degrees:		Minutes:		Seconds:		Quadrant:															
FIXED INCIDENT LOCATION DETAILS																							
Facility Name/ ID:																							
FIXED INCIDENT DESCRIPTION DETAILS																							
Fixed Object / Facility Type:																							
Compliance with NPDES Permits:										Yes		No		Unknown									
Power Generating Facility:						Yes		No		Unknown				Type of Fuel:									
Generating Capacity:																							

MATERIAL INVOLVED

MATERIAL #1

Material: CHRIS Code: CAS Code:

Amount Released: **Units:** **Amount in Water:** **Units:**

MATERIAL #2

Material: CHRIS Code: CAS Code:

Amount Released: **Units:** **Amount in Water:** **Units:**

MATERIAL #3

Material: CHRIS Code: CAS Code:

Amount Released: **Units:** **Amount in Water:** **Units:**

MATERIAL #4

Material: CHRIS Code: CAS Code:

Amount Released: **Units:** **Amount in Water:** **Units:**

MATERIAL #5

Material: CHRIS Code: CAS Code:

Amount Released: **Units:** **Amount in Water:** **Units:**

MATERIAL IN WATER INFORMATION

Body of Water Affected: **Offshore:** Yes No **River Mile Marker:**

Tributary of: **Water Supply Contaminated:** Yes No Unknown

Water Temperature: **Units:**

Wave Condition: **Speed:** **Units:** **Direction:**

SHEEN INFORMATION

Sheen Length: **Units:** **Sheen Width:** **Units:**

Color: **Direction of Movement:**

Odor Description:

IMPACT INFORMATION

Medium Affected: **Detailed Medium Information:**

Fire: Yes No Unknown **Fire Extinguished:** Yes No Unknown

Injuries:	Yes	No	Unknown	Number of Injuries: Number to Hospital: Rail Employee Injuries: Rail Passenger Injuries:
Fatalities:	Yes	No	Unknown	Number of Fatalities: Employee Fatalities: Passenger Fatalities: Vehicle Fatalities:
Evacuations:	Yes	No	Unknown	Number Evacuated: Radius/Area in Miles: Who was Evacuated:
Damages:	Yes	No	Unknown	Damage in Dollars:
Road Closed:	Yes	No	Unknown	Road: Major Artery: Yes No Hours Closed: Direction of Closure:
Track Closed:	Yes	No	Unknown	Track:
Passengers Transferred:	Yes	No	Unknown	Hours Closed: Direction of Closure:
Air Corridor Closed:	Yes	No	Unknown	Air Corridor: Hours Closed:
Waterway Closed:	Yes	No	Unknown	Waterway: Hours Closed:
Environmental Impact:	Yes	No	Unknown	Type of Impact:
				Media Interest:

WEATHER INFORMATION

Weather Conditions:	Air Temperature:
Wind Speed:	Unit:
	Wind Direction:

REMEDIAL ACTION INFORMATION

Remedial Action Taken:					
Release Secured:	Yes	No	Unknown	Release Duration:	Unit:

Rate of Release:

Unit:

Per:

ADDITIONAL AGENCY INFORMATION

Federal Agency Notified:

State/Local Agency Notified:

State/Local Agency On-Scene:

State Agency's Report Number:

ADDITIONAL INFORMATION

Additional Information: